

**DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL INFORMATION WORKSHEET**

(To be completed by mutual or investor owned utilities – not for use by public agencies)

General Information

1. Name of project: _____
2. Water system number _____ State Revolving Fund number (if any): _____
3. Name of applicant/water system: _____

Address: _____
City: _____ Zip: _____
4. Name of contact person for this project: _____
Address of contact person: _____
Phone Number: _____
5. Address of project: _____
City: _____ Zip: _____
6. USGS 7.5' Quad Section, township, range, base and meridian: _____
7. Existing zoning at project site: _____

8. List and describe any other related permits and other public approvals required for this project, including those required by city, regional, state and federal agencies: _____

9. Is this project part of a larger project or series of projects? ☐ yes ☐ no ☐ unknown
10. Did a previous CEQA Document cover the project? ☐ yes ☐ no ☐ unknown
If yes, provide the name of the document: _____
11. Check the appropriate box below.
☐ Construction completed
☐ Construction in progress Completion date: _____
☐ Construction not started Start date: _____ Completion date: _____
12. Describe the existing (pre-project) system, if present (fill in blanks or provide attachment, e.g., application description)
 - a. Number of existing (pre-project) service connections: _____
 - b. Description of pre-project service area: _____

 - c. Pre-project source information: (include name, capacity or flow, and condition)
 - (1) Groundwater well: _____
 - (2) Surface water diversion: _____
 - (3) Connections with other systems: _____
 - (4) Emergency connection: _____
 - d. Pre-project water treatment: _____

- e. Pre-project storage facilities
- (1) Tanks (physical dimensions, capacity, and condition): _____

- (2) Open reservoirs (name, surface area, capacity, and condition): _____

- f. Briefly describe how water is currently transmitted from the source(s) to the treatment facilities: _____

- g. Briefly describe how finished water is currently transmitted from the treatment/storage facilities to consumers (distribution system): _____

- h. Present amount of water delivered: _____ Current demand: _____
- i. Water quality problems in the last 3 years: _____

Project Description (fill in blanks or provide attachment, e.g., application description, describing actions proposed by the project)

1. Describe project objectives. If the object is to comply with certain regulations, name them:

2. Project location (give description of the precise location and boundaries): _____

3. Important - Attach a site plan and a 7.5' USGS topographical map section with the project's area of potential effects clearly delineated:
4. Construction area: _____ acres. Additional service connections: _____

5. Proposed facilities – new facilities, modifications, or replacements (please indicate which)

a. Wells (capacity, depth, and enclosing structure): _____

b. Surface water diversions (source name, diversion structure, etc): _____

c. Connections with other systems: _____

d. Emergency connections: _____

e. Treatment facilities (give size, capacities, and enclosing structures): _____

f. Storage facilities

(1) Tanks (physical dimensions and capacity; any location changes; and describe enclosing structure, if applicable): _____

(2) Open reservoirs (surface area and capacity; any location changes): _____

g. Conveyance facilities (give size of pumps, and length and diameter of pipelines - indicate if pipelines will be located entirely within rights-of-way): _____

h. Appurtenant structures (give the dimensions of any new structures and their purpose): _____

- i. Parking facilities: _____

- j. Staging areas: _____

- k. Lighting: _____

6. Facilities or structures to be removed or wells to be closed: _____

7. Describe any grading or excavation work, and any planned measures to restore area: _____

8. Will the project involve new disposal of waste? ☐ yes ☐ no ☐ unknown
a. If yes, identify the type of waste and the method and location of its disposal: _____

9. Will the project involve an increase in capacity? ☐ yes ☐ no ☐ unknown
a. Amount of capacity increase: _____
b. Needed to serve existing development? ☐ yes ☐ no ☐ unknown
c. Needed to serve projected development? ☐ yes ☐ no ☐ unknown
(1) Population basis for capacity determination (include year)
(a) Current population: _____
(b) Projected population: _____
10. If the project involves a variance, conditional use, or rezoning application, state this and indicate clearly why the application is required: _____

Environmental Setting

Include a discussion of all the following detailed elements as applicable; if an element is not present within the described area, give reasons or verify with investigative results. Consider all facilities; conveyance lines; storage, points of diversion; staging areas; and affected service area as applicable. Use attachments if necessary.

1. Topography and geology of the region
 a. Location of project area with regard to major topographical features: _____

- b. Elevation range and slopes on project site (for grading / excavation activities): _____

- c. Attach any pertinent soil and geologic reports available for the site.

2. Land use

- a. At project site: _____
 b. Adjacent to project site: _____
 c. Along pipeline alignments: _____
 d. At the point of diversion: _____

3. Vegetation types

	On Project Site	Surrounding Area
Urbanized	<input type="checkbox"/>	<input type="checkbox"/>
Landscaped	<input type="checkbox"/>	<input type="checkbox"/>
Ruderal (Weedy)	<input type="checkbox"/>	<input type="checkbox"/>
Grassland	<input type="checkbox"/>	<input type="checkbox"/>
Shrub/Chaparral	<input type="checkbox"/>	<input type="checkbox"/>
Woodland	<input type="checkbox"/>	<input type="checkbox"/>
Forest	<input type="checkbox"/>	<input type="checkbox"/>
Riparian/Streamside	<input type="checkbox"/>	<input type="checkbox"/>
Wetland	<input type="checkbox"/>	<input type="checkbox"/>

- a. Current graded area (% of project area): _____

4. Hydrology

- a. Are there any streams at the project site? ☐ yes ☐ no ☐ unknown
 If yes, list and state whether it's flow is permanent, Intermittent, or ephemeral. _____

- b. Is the project near a Wild and Scenic River? ☐ yes ☐ no ☐ unknown
 If yes, provide the name of the river: _____

Internet website address: <http://www.nps.gov/rivers/wildriverslist.html#ca>

- c. Are there any wetlands at the project site? ☐ yes ☐ no ☐ unknown
 Basis for answer: _____

- d. Groundwater: For proposed well sources, check any of the following that apply

- (1) ☐ Fractured Rock Aquifer
 (2) ☐ Adjudicated Groundwater Basin
 (3) ☐ Contaminated or Polluted Groundwater Basin
 (4) ☐ Aquifer with Salinity Intrusion
 (5) ☐ Depleted Aquifer

5. Is the project site included on a list of hazardous material sites compiled by the Dept. of Toxic Substances Control pursuant to Gov. Code 65962.5? ☐ yes ☐ no ☐ unknown

6. Is the project located near an airstrip? ☐ yes ☐ no ☐ unknown
a. Is the airstrip ☐ public ☐ private ☐ unknown
b. Does the airstrip have lights for night use? ☐ yes ☐ no ☐ unknown
c. Does it have a buffer zone, a safety plan, a land use plan or some other document that indicates how it will avoid land use conflicts with surrounding properties? ☐ yes ☐ no ☐ unknown
d. Is any part of the project in the path of planes taking off or landing? ☐ yes ☐ no ☐ unknown
If so, what are the new safety risks posed by that part of the project? _____

7. Is the site on or next to a designated scenic highway? ☐ yes ☐ no ☐ unknown
If yes, give the name of the highway: _____
Internet website address: <http://www.dot.ca.gov/hq/LandArch/scenic/cahisys.htm>
8. Does the site have any historic or prehistoric archeological sites, architecture, landscapes, features, structures, or objects, ☐ yes ☐ no ☐ unknown
List or provide basis for "no" answer: _____

9. Does the site have any sacred lands or traditional cultural places? ☐ yes ☐ no ☐ unknown
List or provide basis for "no" answer: _____

10. Does the site have any land within coastal zone jurisdiction? ☐ yes ☐ no ☐ unknown
11. Does the site have any land within a national forest? ☐ yes ☐ no ☐ unknown
12. Is the project located in a federal non-attainment area for any of the following air pollutants? Internet website address: http://www.epa.gov/region09/air/maps/maps_top.html.
a. Ozone (O₃) ☐ yes ☐ no ☐ unknown
(1) If yes, estimate annual project emissions of VOC and NO_x (tons) resulting from construction and operation: _____
b. Carbon monoxide (CO) ☐ yes ☐ no ☐ unknown
(1) If yes, estimate annual project CO emissions (tons) resulting from construction and operation: _____
c. Particulate Matter (PM₁₀) ☐ yes ☐ no ☐ unknown
(1) If yes, estimate annual project PM₁₀ emissions (tons) resulting from construction and operation: _____
13. Is the project site within a floodplain or subject to flooding? .. ☐ yes ☐ no ☐ unknown
Attach flood maps if available – maps can be found at the Internet website addresses: <http://www.esri.com/hazards/makemap.html> and <http://www.fema.gov/mit/tsd/>.

14. Agricultural land on project site (acres): _____
☐ prime farmland ☐ unique farmland ☐ farmland of statewide importance
 Internet website address: <http://www.consrv.ca.gov/dlrp/FMMP/>

Environmental Impacts

Check any of the following impacts attributable to the project. Discuss below all items checked "yes" (attach additional sheets as necessary).

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Removal of mature native/heritage trees: # _____ Type _____ |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Clearing of native vegetation and/or habitat |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Interference with or blocking wildlife migration routes |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Effect on a special status species – List: _____ |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Interference with or substantial use of recreational facilities |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Change in ocean, bay, lake, or stream water quality or quantity |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Alteration of existing drainage patterns |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Impacts associated with floodplains or flooding |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Change in existing features of any bays, tidelands, beaches, or hills, or substantial alteration of ground contours |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Depletion of groundwater supplies |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Change in groundwater quality |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Loss of mineral resources |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Change in scenic views or vistas from existing residential areas, or public lands or roads |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Change in pattern, scale or character of the general project area |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Significant amounts of solid waste or litter |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Change in dust, ash, smoke, fumes, or odors in the vicinity |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial change in noise or vibration levels in the vicinity (beyond the property line) |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Site on filled land or on slopes of 10 percent or more |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Use or disposal of hazardous materials, flammables, or explosives |
| 20. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial change in demand for municipal services |
| 21. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial increase in traffic |
| 22. | <input type="checkbox"/> | <input type="checkbox"/> | Substantial increase in fuel consumption (electricity, oil, natural gas, etc.) |
| 23. | <input type="checkbox"/> | <input type="checkbox"/> | Impacts to wetlands |
| 24. | <input type="checkbox"/> | <input type="checkbox"/> | Conversion of farmland |
| 25. | <input type="checkbox"/> | <input type="checkbox"/> | Cumulative impacts of successive projects of the same type in the same place over time. List: _____ |

Discussion: _____

Describe any known potentially significant environmental effects that may result if the project is implemented (attach additional sheets as necessary):

Describe any mitigation measures that will be incorporated into the project to prevent the occurrence of any potentially impacts described above (attach additional sheets as necessary):

Project alternatives considered (required for federally funded State Revolving Fund applications and projects that may involve an Environmental impact report)

Certification

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability, and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Name: _____ Title: _____

**DEPARTMENT OF HEALTH SERVICES
WORKSHEET FOR CEQA EXEMPTIONS**

(To be completed by public agencies only, acting as, or on behalf of, applicants)

GENERAL INFORMATION

1. Name of project: _____
2. Water system number _____ State Revolving Fund number (if any): _____
3. Name of applicant/water system: _____
4. Name of contact person for this project: _____
Phone Number: _____
5. Check the appropriate box below.
☐ Construction completed
☐ Construction in progress: Completion date _____
☐ Construction not started: Start date _____ Completion date _____

PROJECT DESCRIPTION (fill in blanks or provide attachment, e.g., application description)

1. Operation of the existing water system (Description of water source and treatment, storage and distribution facilities): _____

2. Project location (give description of the precise location and boundaries and attach a detailed location map): _____

3. Important – For projects involving State Revolving Fund federal funding, attach a site plan and a 7.5' USGS topographical map section with the project's area of potential effects clearly delineated.
4. Proposed facilities – new facilities, modifications, or replacements (please indicate which)
 - a. Wells (capacity, depth, and enclosing structure): _____

 - b. Surface water diversions (source name, diversion structure, etc): _____

 - c. Connections with other systems: _____
 - d. Emergency connections: _____

- e. Treatment facilities (give size, capacities, and enclosing structures): _____

- f. Storage facilities
(1) Tanks (physical dimensions and capacity; any location changes; and describe enclosing structure, if applicable): _____

(2) Open reservoirs (surface area and capacity; any location changes): _____

- g. Conveyance facilities (give size of pumps, and length and diameter of pipelines - indicate if pipelines will be located entirely within rights-of-way): _____

- h. Proposed appurtenant structures (list the dimension of any new structures and their purpose): _____

- i. Proposed parking facilities: _____

- j. Proposed staging areas: _____

- k. Proposed lighting: _____

5. Facilities or structures to be removed or wells to be closed: _____

6. Describe any grading or excavation work, and any planned measures to restore area: _____

REASONS WHY THE PROJECT IS CONSIDERED EXEMPT: Check appropriate box(es)

1. CCR, Title 22, Section 60101 Specific Activities Within Categorical Exemption Classes
 - (b) Class 1: Modification of Existing Facilities
 - (1) Addition, deletion, or modification of:
 1. ☐ Mechanical controls for:
 - a. ☐ Water treatment units
 - b. ☐ Water supply systems
 - c. ☐ Pump station buildings
 2. ☐ Electrical controls for:
 - a. ☐ Water treatment units
 - b. ☐ Water supply systems
 - c. ☐ Pump station buildings
 3. ☐ Hydraulic controls for:
 - a. ☐ Water treatment units
 - b. ☐ Water supply systems
 - c. ☐ Pump station buildings
 - (2) Maintenance, repair, replacement, or reconstruction to any water treatment process units, including:
 1. ☐ Structures
 2. ☐ Filters
 3. ☐ Pumps
 4. ☐ Chlorinators
 - (c) Class 2: Replacement or Reconstruction
 - (1) Repair or replacement of:
 1. ☐ Water service connections
 2. ☐ Meters
 3. ☐ Valves for:
 - a. ☐ Backflow prevention
 - b. ☐ Air release
 - c. ☐ Pressure regulation
 - d. ☐ Shut-off
 - e. ☐ Blow-off
 - f. ☐ Flushing
 - (2) Replacement or reconstruction of:
 1. ☐ Existing water supply distribution lines of substantially the same size. Describe any size increase: _____
 2. ☐ Storage tanks and reservoirs of substantially the same size. Describe any size increase: _____
 - (3) Replacement or reconstruction of:
 1. ☐ Water wells of substantially the same capacity. Describe any capacity increase: _____

2. ☐ Pump stations and related appurtenances of substantially the same capacity. Describe any capacity increase: _____
- (d) Class 3: New Construction of Small Structures:
- (1) ☐ Construction of water supply and distribution lines of less than sixteen inches in diameter, and related appurtenances
- (2) ☐ Construction of any water storage tanks and reservoirs of less than 100,000-gallon capacity
- (e) Class 4: Minor Alterations to land
- (1) ☐ Minor alterations to land, water or vegetation on any officially existing designated wildlife management areas or fish production facilities for the purpose of reducing the environmental potential for nuisances or vector production
- (2) ☐ Any minor alterations to highway crossing for water supply and distribution lines
2. CCR, Title 14 (CEQA Guidelines)
- (a) ☐ Section 15269 (a) statutory exemption for declared emergencies
- (b) ☐ Section 15269 (b) statutory exemption for emergency repairs
- (c) ☐ Section 15269 (c) statutory exemption for emergency prevention
- (d) ☐ Section 15282 (l) statutory exemption for right-of-way pipelines <1mile
- (e) ☐ Section 15282 (n) statutory exemption for water fluoridation facilities
- (f) ☐ Other (list specific code reference) _____

EXCEPTIONS (Some items are repeated under the Federal Crosscutters Section and may be referenced if applicable)

- A. Location in an area of Critical Concern: For Categorical Exemption Classes 3, 4, 5, 6, and 11): Could the project result in impacts with regards to an environmental resource of hazardous or critical concern where designated, precisely mapped and officially adopted pursuant to law by federal, state, or local agencies? Discuss below all items checked yes (attach additional sheets as necessary).

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Special status species |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Critical habitat (for special status species) |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Unique habitat (e.g., wildlife refuge, deer wintering range, etc.) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Prime or Unique farmland, or farmland of statewide importance
Internet address: http://www.consrv.ca.gov/dlrp/FMMP/ |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Wetlands |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Wild and scenic rivers
Internet website address: http://www.nps.gov/rivers/wildriverslist.html#ca |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Officially designated scenic area |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Archeological sites |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Floodplains Floodplain maps at the following internet website addresses:
http://www.esri.com/hazards/makemap.html & http://www.fema.gov/mit/tsd/ |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Areas of hazardous concern |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

Discussion: _____

- B. Unusual Circumstances (For All Categorical Exemptions):** Evaluate the following elements to determine if there are any unusual circumstances. For any “Yes” answers, discuss the possibility of significant environmental impacts resulting from the unusual circumstance. Consider all facilities; conveyance lines; storage, points of diversion; staging areas; and affected service area as applicable. Use attachments if necessary.

- | | Yes | No | |
|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | In or adjacent to an area of undisturbed, unique, or high-quality habitat |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | On or adjacent to wildlife migration routes |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | In an area of unique recreational facilities or resources |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | On or adjacent to a unique stream or water body |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Involves removal of mature, scenic trees (see class 4) |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Involves grading in a waterway or wetland (see class 4) |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Involves a substantial alteration of ground contours |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Involves new or increased use of a critically depleted groundwater basin or groundwater basin subject to salinity intrusion |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | In an area with important mineral resources |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Involves production of significant amounts of solid wastes or litter |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Involves substantial new or increased emission of dust, ash, smoke, fumes, odors, or other pollutants |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Involves substantial change in noise or vibration levels in vicinity (beyond the property line) |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | In an area of sensitive noise receptors |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | On slopes of 10 percent or more or on highly erodible soil |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | In an officially mapped area of severe geologic hazard (see class 4) |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Involves new or increased use or disposal of hazardous materials, flammables, or explosives |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Involves substantial change in demand for municipal services |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Involves traffic impacts in an area with traffic problems |
| 19. | <input type="checkbox"/> | <input type="checkbox"/> | Involves substantial increase in fuel consumption (electricity, oil, natural gas, etc.) |

Discussion: _____

C. Cumulative Impacts for All Categorical Exemptions

- Yes No**
1. ☐ ☐ Does the project contribute to cumulative impacts associated with successive projects of the same type at and around the project site? If yes, discuss the significance of the impacts.

Discussion: _____

D. Scenic Highways (For All Categorical Exemptions): Will the project result in damage to any of the following scenic resources *within view of a highway officially designated as a state scenic highway* (excluding improvements required as mitigation by an adopted Negative Declaration or certified EIR)

- Yes No**
1. ☐ ☐ Trees
2. ☐ ☐ Historic buildings
3. ☐ ☐ Rock outcroppings
4. ☐ ☐ Other similar resources

Name of state scenic highway: _____

Internet website address: <http://www.dot.ca.gov/hq/LandArch/scenic/cahisys.htm>

E. Hazardous Waste Sites (For All Categorical Exemptions)

- Yes No**
1. ☐ ☐ Is the project located on a site that is included on any list compiled pursuant to Section 65962.5 of the Government Code?

F. Historical Resources (For All Categorical Exemptions)

- Yes No**
1. ☐ ☐ Is there a potential for the project to cause a substantial adverse change in the significance of a historical resource?

Basis for determination (literature research, records search, field surveys: _____

FEDERAL COMPLIANCE (For Projects Using Federal State Revolving Fund Money)

- A. Historic and prehistoric archeological sites, architecture, landscapes, features, structures, or objects and traditional cultural places (e.g. sacred lands): Attach record search results, survey reports, and correspondence required for compliance with the Section 106 of the National Historic Preservation Act.
- B. Site on important farmland?..... ☐ yes ☐ no ☐ unknown
☐ prime farmland ☐ unique farmland ☐ farmland of statewide importance
Internet website address: <http://www.consrv.ca.gov/dlrp/FMMP/>
- C. Site within the coastal zone jurisdiction? ☐ yes ☐ no ☐ unknown
- D. Site within wild & scenic river watershed? ☐ yes ☐ no ☐ unknown
Name of river _____
Internet website address: <http://www.nps.gov/rivers/wildriverslist.html#ca>
- E. Site containing wetlands? ☐ yes ☐ no ☐ unknown
Basis for determination: _____

- F. Site within a national forest? ☐ yes ☐ no ☐ unknown
Name of national forest: _____
- G. Site within a 100-year floodplain? ☐ yes ☐ no ☐ unknown
Attach flood maps if available. Maps can be found at the following Internet addresses:
<http://www.esri.com/hazards/makemap.html> and <http://www.fema.gov/mit/tsd/>.
- H. Federally listed threatened or endangered species..... ☐ yes ☐ no ☐ unknown
1. List potentially occurring federally listed species or critical habitat in the project area and/or explain why the project will not impact any federally listed species:
- _____

- | Pollutant | | Emissions (tons/year) | |
|--------------------|------------------|-----------------------|-----------|
| Priority Pollutant | Parameter | Construction | Operation |
| Ozone | VOC | | |
| Ozone | NO _x | | |
| Particulate matter | PM ¹⁰ | | |
| Carbon monoxide | CO | | |

- [illegible]

Name: _____ Title: _____